



2020 Family Membership Application with Application Fee

Date _____
Accepted _____

Applicant's name _____

Spouse's name _____

Address _____

City _____ State _____ Zip Code _____

(____) _____
Phone number _____

E-mail used only for club purposes _____

Children at Home:

First Name Last Name Date of Birth M/F

Waiting list application fee required: fee will be applied to membership once membership is available

\$100.00

\$ _____

Initiation fee

Payment

____ \$2,000.00

Or

____ \$1,500.00 due upon joining; \$500.00 due on membership anniversary

Dues

____ \$795.00

Total Paid \$ _____

I, the undersigned, do hereby make formal application to the Windyrush Country Club. If my application is accepted, I agree to abide by the rules and by-laws of the club. I agree that my membership is not transferable.

Mail checks to: Windyrush Country Club
6441 Windyrush Road
Charlotte, NC 28226 or

Applicant's signature _____

Credit card payment email office@windyrush.com for more information

Please add email address for family members who want to be informed about Windyrush events and information.

Office Use

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__welcome letter __QB __directory